MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06876

6891 CERTIFICATE OF DEATH Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Easton 40 | LENGTH OF STAY (in this place) 38 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial 20

2. USUAL RESIDENCE (HOME) OF DECEASED: Dorchester
STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hurlock 09x-2
STREET ADDRESS (If rural give location) V

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) E. (Last) Allen
4. DATE OF DEATH: (Month) 7 (Day) 8 (Year) 1937
5. SEX: M
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 6/3/1861
9. AGE Last birthday: 92 yrs. IF UNDER 1 YEAR: Months Days | IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Canning
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: James E. Allen
14. MOTHER'S MAIDEN NAME: Eliza Reed
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 212-24-4332
17. INFORMANT & ADDRESS: Bernice Hayward Hurlock, Md.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
450.1 Immediate cause	(a) Gangrene of Rt. leg	
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Hardened arteriosclerosis	
	DUE TO (c) Pulmonary Thrombosis	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION: 7 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 11:05 a.m. from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Walter J. Mc Carter Memorial Hosp 7/9/37

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 7-10-37 | NAME OF CEMETERY OR CREMATORY Federal Hill | LOCATION (City, town, or county) Federalsburg | (State) Md.
DATE REC'D BY LOCAL REGISTRAR 7/9/37 | REGISTRAR'S SIGNATURE N. H. Meeres | 24. FUNERAL DIRECTOR J J Trumpington Son | ADDRESS Federalsburg Md.

VS. A15

RECEIVED
JUL 19 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06877

6892

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-63

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) 40 Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 109 Locust X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Easton 20
STREET ADDRESS (If rural give location) 109 Locust

3. NAME OF DECEASED: (First) William (Middle) N. (Last) Bailey
4. DATE OF DEATH: (Month) 7 (Day) 27 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 1890
9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waiter
10B. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Richard Bailey
14. MOTHER'S MAIDEN NAME: Isabella Fowler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 149-05-6003
17. INFORMANT & ADDRESS: Mrs. Pauline Poney

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Coronary Arteriosclerotic Heart Disease — 2 months

ANTECEDENT CAUSE (B) with Myocardial Insufficiency

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Carcinoma of Penis — 2 years.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/16, 1954 to 7/27, 1954 that I last saw the deceased alive on 7/27, 1954, and that death occurred at 6 P M, from the causes and on the date stated above.

SIGNATURE Frank E Mason M.D. ADDRESS 18 W. Dover St Easton Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 7/30/54
NAME OF CEMETERY OR CREMATORY Richardson Cem.
LOCATION (City, town, or county) (State) Easton, Md.

DATE REC'D BY LOCAL REGISTRAR 7/30/54
REGISTRAR'S SIGNATURE T.H. Meeres
24. FUNERAL DIRECTOR James B. Dashiell
ADDRESS Easton, Md

RECEIVED
AUG 3 1954
BUREAU V. S.

06878

MARYLAND 6912

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 291

MARGIN RESERVED FOR BINDING

I

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Michaels X
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X St. Michaels
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First) George (Middle) Benjamin (Last) Brooks

4. DATE OF DEATH (Month) 7 (Day) 30 (Year) 1954

5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 7/11/1867
9. AGE last birthday 87 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Local Truck Hauling
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Talbot Co
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Alex Brooks
14. MOTHER'S MAIDEN NAME Margaret Grace

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 4/16 (If year, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Bertie Brooks - St. Michaels, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) ~~[illegible]~~ cerebrovascular accident	2 wks
Antecedent cause(s)	(b) arteriosclerotic cerebrovascular d.	—
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Dehydration	—

331 X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 0
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 7-16, 1954, to 7-30, 1954 that I last saw the deceased alive on 7-30, 1954, and that death occurred at 4:20 p.m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M D ADDRESS St Michaels Md DATE SIGNED 7-31-54

23. BURIAL, CREMATION, REMOVAL (Specify) DATE 8/1/54 NAME OF CEMETERY OR CREMATORY St. Michaels LOCATION (City, town, or county) St. Michaels (State) Md.

DATE REC'D BY LOCAL REG. July 31, 1954 REGISTRAR'S SIGNATURE [signature] 24. FUNERAL DIRECTOR Norman D. Marshall - St. Michaels, Md ADDRESS

RECEIVED
AUG 3 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6913

CERTIFICATE OF DEATH

06879

Reg. Dist. No. 290

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Talbot MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton; LENGTH OF STAY (In this place) 40 / 1 month; HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 4

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Fla. COUNTY Palm Beach; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pahokee 48x-3; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Lilly (Middle) Ruth (Last) Burley

4. DATE OF DEATH: (Month) 7 (Day) 25 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: 7/25/49

9. AGE last birthday: 5 yrs. IF UNDER 1 YEAR: Months 0 Days 0 IF UNDER 24 HRS.: Hours 0 Min. 0

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Florida

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Walter Burley

14. MOTHER'S MAIDEN NAME: Roslee Green

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs Roslee Green

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

130.0 IMMEDIATE CAUSE (A) Bronchial Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days.

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C) Ascaris Lumbricoides — 6 mo.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/24, 1954, to 7/25, 1954, that I last saw the deceased alive on 7/24, 1954, and that death occurred at 7A M, from the causes and on the date stated above.

SIGNATURE Frank E Mason M.D. ADDRESS Easton Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 7/27/54 — NAME OF CEMETERY OR CREMATORY: Richardson Cem. — LOCATION (City, town, or county) (State): Easton md.

DATE REC'D BY LOCAL REGISTRAR: 7/27/54 — REGISTRAR'S SIGNATURE: M. N. Nurse — 24 FUNERAL DIRECTOR: James R Darnell ADDRESS: Easton md.

RECEIVED
JUL 29 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 241

6914 CERTIFICATE OF DEATH

Reg. Dist. No. 06880

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Talbot MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Royal Oak; LENGTH OF STAY (in this place) 5 Yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Royal Oak; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Willard (Middle) Frampton (Last) Carroll, Sr

4. DATE OF DEATH: (Month) July (Day) 30 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: September 22, 1900

9. AGE last birthday: 53 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Automobile Dealer

10b. KIND OF BUSINESS OR INDUSTRY: automobile dealer

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Mr. Charles Carroll

14. MOTHER'S MAIDEN NAME: Sadie Adams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk (If Yes, give war or dates of service) NONE

16. SOCIAL SECURITY NO.: 212-12-3396

17. INFORMANT & ADDRESS: Hospital admission Records, Easton Memorial Hosp- Easton, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

420.0

Immediate cause (a) Myocardial Infarction — Immediately

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Coronary Arterio Sclerosis — 4 years

DUE TO (c) Arterio Sclerotic Heart Disease

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7 July, 1954, to 30 July, 1954, that I last saw the deceased alive on 30 July, 1954, and that death occurred at 10:30 pm, from the causes and on the date stated above.

SIGNATURE W. Gordon Walker (Degree or title) M. D. ADDRESS Easton Maryland DATE SIGNED 31 July, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Aug. 2 1954 — NAME OF CEMETERY OR CREMATORY Spring Hill Cemetery — LOCATION (City, town, or county) (State) Easton, Maryland

DATE REC'D BY LOCAL REGISTRAR Aug 2, 54 — REGISTRAR'S SIGNATURE Mrs. Robt. Seth — 24. FUNERAL DIRECTOR W. Frampton Carroll Jr. ADDRESS Easton, Md.

VS. A15

RECEIVED
AUG 3 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06881

0893 **CERTIFICATE OF DEATH** Reg. Dist. No. 290.

1 PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) 1/2 hr
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2 USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY Talbot
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Easton
STREET ADDRESS (If rural give location)

3 NAME OF DECEASED: (Type or Print) (First) Lulu (Middle) (Last) Cook
4. DATE OF DEATH (Month) 7 (Day) 28 (Year) 1954

5. SEX: F
6. COLOR OR RACE: B
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 6-29-13
9. AGE last birthday: 41 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired).
10b. KIND OF BUSINESS OR INDUSTRY: H.W
11 BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Henry Tilghman
14. MOTHER'S MAIDEN NAME: Katie Copper

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No. S
17. INFORMANT & ADDRESS: Norman Cook (Trust) Easton Md

18. MEDICAL CERTIFICATION

1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
44 K
Immediate cause (a) Pulmonary Edema
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) H.C.V.D
DUE TO
(c)

Interval Between Onset And Death: Half Hour ?

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Delivery of Triplets (Gravida IX) 6-29-54

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/29/, 1954, to 7/28/, 1954, that I last saw the deceased alive on 7/28/, 1954, and that death occurred at 4:45 Am, from the causes and on the date stated above.
SIGNATURE J B Cox (Degree or title) M.D ADDRESS Easton Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 7/31/54
NAME OF CEMETERY OR CREMATORY Richards
LOCATION (City, town, or county) Easton (State) Md
DATE REC'D BY LOCAL REGISTRAR 7/29/54
REGISTRAR'S SIGNATURE N. H. Neerus
24. FUNERAL DIRECTOR James B. Dashield M.B.P.
ADDRESS Easton, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

AUG
BUREAU V. S.

Item 21 Film G168A 8-2-54 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06882

C894 CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) 17da
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Caroline
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Denton, Md
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Lulu (Middle) (Last) Downes
4. DATE OF DEATH: (Month) 7 (Day) 17 (Year) 1954
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED~~, (Specify):
8. DATE OF BIRTH: Oct 12 1880
9. AGE last birthday 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): HW
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Ernest Downes
14. MOTHER'S MAIDEN NAME Josephine Williams
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mr Robert W Downes Jr Mr. H. H. Downes Denton, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary embolism
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Thrombosis rt. Leg
DUE TO
(c) Fracture rt. femur

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) 6 [illegible] 54 am.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? Patient fell at her home

22. I hereby certify that I attended the deceased from June 30 1954, to July 17, 1954, that I last saw the deceased alive on [illegible] 19 , and that death occurred at 3:55 am, from the causes and on the date stated above.
SIGNATURE (Degree or title) [illegible] M.D. ADDRESS Easton Memorial Hosp. DATE SIGNED 19 July 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF July 20 54 NAME OF CEMETERY OR CREMATORY Denton Cemetery LOCATION (City, town, or county) Denton (State) Md
DATE REC'D BY LOCAL REGISTRAR 7/18/54 REGISTRAR'S SIGNATURE M. H. Neerus
24. FUNERAL DIRECTOR J. Nigel Moore & Son ADDRESS Denton

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

[illegible]
[illegible]
LOKAJ V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06883

6895 **CERTIFICATE OF DEATH** Reg. Dist. No. 290

1. PLACE OF DEATH
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton 7
LENGTH OF STAY (in this place) 4 hrs - 4 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hos.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Dorchester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hurlock
STREET ADDRESS (If rural give location) R.F.D.

3. NAME OF DECEASED (Type or Print) (First) Thomas (Middle) Henry (Last) Gallagher
4. DATE OF DEATH: (Month) 7 (Day) 20 (Year) 1954
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify) Married
8. DATE OF BIRTH 6-20-1872
9. AGE last birthday 82 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Retired
10b. KIND OF BUSINESS OR INDUSTRY: Farmer
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Thomas Gallagher
14. MOTHER'S MAIDEN NAME: Cecelia McMahan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: No
17. INFORMANT & ADDRESS: Mrs. Pauline Handy - Daughter.

18. MEDICAL CERTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
Immediate cause (a) Acute Cholecystitis
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cholelithiasis
DUE TO
(c)
Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Aneurism of left ventricle

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes X No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ,19 , to , 19.. , that I last saw the deceased alive on ,19 , and that death occurred at , from the causes and on the date stated above.
SIGNATURE Alt Schmidt (Degree or title) M.D. ADDRESS Easton Memorial Hos. DATE SIGNED 27 July 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 7/23/54
NAME OF CEMETERY OR CREMATORY Hill Crest
LOCATION (City, town, or county) (State) Federalsburg Md
DATE RECD BY LOCAL REGISTRAR 7/21/54
REGISTRAR'S SIGNATURE N. H. Neeres
24. FUNERAL DIRECTOR J J Frampton Son ADDRESS Federalsburg Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS. A15

RECEIVED
AUG 3 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06884

CERTIFICATE OF DEATH

Item 9 film G168A 7/23/54 cm

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) 12 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Caroline
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Denton
STREET ADDRESS (If rural give location) Main St.

3. NAME OF DECEASED: (Type or Print) (First) Francis (Middle) Asbury (Last) Greaves

4. DATE OF DEATH (Month) July (Day) 2 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept 20-1884
9. AGE last birthday 69 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min

10a. USUAL OCCUPATION Give kind of work done during most of working life even if retired): C+P telephone
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): U.S.A.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Greaves
14. MOTHER'S MAIDEN NAME: Jane Irdwin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: ?
17. INFORMANT & ADDRESS: Miskam F Greaves Wife (Denton Md)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral arteriosclerosis — Interval Between Onset And Death: 4 wks

Antecedent causes (s) Diseases or conditions if any, giving rise to the above cause stating the underlying cause last

DUE TO (b) Generalized arteriosclerosis — 2 years

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: None

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) no
PLACE OF INJURY Home farm, factory, street, office bldg., etc.) no (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) no m.
INJURY OCCURED While at Work ☐ Not While At Work ☒
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/20, 1954, to 7/2, 1954, that I last saw the deceased alive on 7/2, 1954, and that death occurred at 12.30 A from the causes and on the date stated above.

SIGNATURE William L. Winters (Degree or title) MD ADDRESS Easton Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 7-5-54 NAME OF CEMETERY OR CREMATORY Denton LOCATION (City, town or county) Denton, Md (State)

DATE REC'D BY LOCAL REGISTRAR 7/3/54 REGISTRAR'S SIGNATURE N. H. Neerus
24. FUNERAL DIRECTOR [signature] ADDRESS Easton

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 19 19
BUREAU V. S.

06885

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

6915

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tilghman
DENSITY OF STAY (In this place) 24 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS - - - - - -

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania COUNTY Delaware
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havertown
STREET ADDRESS (If rural, give location) 205 Harding Avenue

3. NAME OF DECEASED (Type or Print) (First) Mr. (Middle) Reynold H. (Last) Gunther
4. DATE OF DEATH (Month) July (Day) 4th (Year) 1954

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Jan. 3, 1891
9. AGE (Last birthday) 63 yrs. (If under 1 year: Months, Days; If under 24 hrs: Hours, Min.)

10a. OCCUPATION (Give kind of work done during most of working life, even if retired) Auto Radiator Repair
10b. KIND OF BUSINESS OR INDUSTRY Self
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Christian Gunther
14. MOTHER'S MAIDEN NAME Louise ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs. Martha Gunther, 205 Harding Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Interval Between Onset and Death: 10 minutes

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) History of attacks — 5 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible] 19 , to [illegible] , 19 , that I last saw the deceased alive on [illegible] , 19 , and that death occurred at 9 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) [illegible] Reynolds Md.
ADDRESS Tilghman Md
DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 7/7/1954
NAME OF CEMETERY OR CREMATORY Parkwood Cem.
LOCATION (City, town, or county) Balto Md (State)

DATE REC'D BY LOCAL REG. [illegible]
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Leonard J. Buck, 5305 Harford Road #11
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death [illegible]

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06886

6897 CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 9 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Neavitt, Md.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): First John (Middle) W. (Last) Haddaway
4. DATE OF DEATH (Month) July (Day) 2 (Year) 1954
5. SEX Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Aug. 1872
9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Carpenter
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Mr Thomas Haddaway
14. MOTHER'S MAIDEN NAME: Florence Ball.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT & ADDRESS: Mrs Margaret K. Hunt (daughter) Neavitt Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO Myocardial Infarction

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) DUE TO Coronary thrombosis

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/1, 1954, to 7/2, 1954 that I last saw the deceased alive on 7/2, 1954, and that death occurred at 3:10 A. from the causes and on the date stated above.
SIGNATURE: C. H. Smith M.D. (Degree or title) ADDRESS: Easton Memorial Hosp. DATE SIGNED: 7 July 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 7-5-1954
NAME OF CEMETERY OR CREMATORY: Neavitt Cemetery
LOCATION (City, town, or county) (State): Neavitt Md

DATE REC'D BY LOCAL REGISTRAR: 7/3/54
REGISTRAR'S SIGNATURE: N. H. Neeries
24. FUNERAL DIRECTOR: S. Hambleton Harrison, ADDRESS: St Michaels Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

JUL 14
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06887

6898 CERTIFICATE OF DEATH Reg. Dist. No. 290

1 PLACE OF DEATH.
COUNTY Talbot
CITY If outside corporate limits write RURAL OR TOWN and give nearest town) EASTON
LENGTH OF STAY (in this place) 59 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hos.

2 USUAL RESIDENCE (HOME) OF DECEASED.
STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg
STREET ADDRESS (If rural give location) R#2 - Box 38#

3. NAME OF DECEASED: Type or Print) First) Eunice (Middle) Virginia (Last) Hardy
4. DATE OF DEATH: (Month) 7 (Day) 15 (Year) 1954

5. SEX F
6. COLOR OR RACE. Col
7 SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: April 9 1926
9. AGE Last birthday 28 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) LABORER
10b. KIND OF BUSINESS OR INDUSTRY: Caroline Poultry
11 BIRTHPLACE State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? U S A.

13. FATHER'S NAME: Daniel Hill
14. MOTHER'S MAIDEN NAME: Ethel Hill

15 WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk) No
(If Yes, give war or dates of service)
16. SOCIAL SECURITY No 213-16-8485
17. INFORMANT & ADDRESS: John D. Hill - Federalsburg Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO Lymphosarcoma

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death

II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION. 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ,19 , to , 19 , that I last saw the deceased alive on , 19 , and that death occurred at from the causes and on the date stated above.
(Month & Date) (Hour or title) ADDRESS DATE SIGNED

Patient Admitted 7/13/54 Dr. D. Carter Memorial Hosp 17 July 54

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)
Burial 7/18/54 Federal Hill Federalsburg Md.

DATE REC'D BY LOCAL REGISTRAR 7/16/54 REGISTRAR'S SIGNATURE M. A. Reeves
24. FUNERAL DIRECTOR J J Crapster Son ADDRESS Federalsburg Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians, please write the causes of death clearly and legibly.

VS. A15

JUL
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6899 06888

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

1 PLACE OF DEATH — COUNTY Talbot — MARYLAND — CITY (If outside corporate limits, write RURAL) OR TOWN Easton — LENGTH OF STAY (In this place) 3 days — HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2 USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Talbot — CITY OR TOWN Sherwood. — STREET ADDRESS — (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) M. (Last) HOWARTH Howeth

4 DATE OF DEATH. (Month) July (Day) 6 (Year) 1954

5. SEX. Male — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married — 8. DATE OF BIRTH. June 19, 1896 — 9. AGE last birthday 57 yrs. — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS Hours Min

10a USUAL OCCUPATION Give kind of work done during most of working life, even if retired) waterman — 10b. KIND OF BUSINESS OR INDUSTRY: — 11 BIRTHPLACE (State or foreign country) Md. — 12 CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Edward Howeth HOWARTH — 14. MOTHER'S MAIDEN NAME. Elizabeth Sinclair

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) If Yes, give war or dates of service) no. — 16 SOCIAL SECURITY NO. — 17. INFORMANT & ADDRESS: Howarth Sherwood Mrs. Kate Howeth, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO: Brain tumor - Malignant — Interval Between Onset And Death: 2 mos.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO:

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-23-54, 19 , to 7-6-, 1954, that I last saw the deceased alive on 7-6-, 1954, and that death occurred at 2:10 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Richard A. Bartol M.D. — ADDRESS — DATE SIGNED 7-6-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 7/9/54 — NAME OF CEMETERY OR CREMATORY Sherwood Cemetery — LOCATION (City, town, or county) Sherwood (State) Md

DATE REC'D BY LOCAL REGISTRAR 7/7/54 — REGISTRAR'S SIGNATURE N.H. Nevins — 24. FUNERAL DIRECTOR W. Hampton Harrison, St Michaels Md — ADDRESS

VS A15

JUL 1
BUREAU V. S.

C914 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06889

Item 9 film G168 7/21/54 cm

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL LENGTH OF STAY and give nearest town) OR TOWN Rural St. Michaels (in this place) 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Talbot
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Rural St. Michaels
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Sarah (Middle) J. Last Kirby
4. DATE OF DEATH (Month) July (Day) 8 (Year) 1954
5. SEX: F.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: Aug 23, 1873
9. AGE last birthday: XXX 80 yrs. IF UNDER 1 YEAR Month Days IF UNDER 24 HRS Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY.
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Francis Hollywood
14. MOTHER'S MAIDEN NAME: Sarah Hughes
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) If Yes, give war or dates of service) 4 No
16. SOCIAL SECURITY No.
17. INFORMANT & ADDRESS: Mrs Mary May. St. Michaels, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset And Death
Immediate cause	(a) DUE TO	Myocardial Infarction	48 hours
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO	Coronary occlusion	48 hrs.
	(c)	Obesity and senility (debility)	few years.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from D.O.A., 19 , to 8 JULY, 1954, that I last saw the deceased alive on D.O.A., 19 , and that death occurred at 7:30 AM, from the causes and on the date stated above.
SIGNATURE Arthur V. Mitchell (Degree or title) M.D. ADDRESS 107 W. Chestnut St. St. Michaels, Md. DATE SIGNED 8 JULY 54

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF July 12, 1954 NAME OF CEMETERY OR CREMATORY Calvary LOCATION (Town or county) New York (State) N.Y.
DATE REC'D BY LOCAL REGISTRAR July 10-54 REGISTRAR'S SIGNATURE Mrs Robt L. Seth
24. FUNERAL DIRECTOR [illegible] ADDRESS [illegible]

D.O.A. - LOUIS I. WELTY, M.D. - LOCAL MEDICAL EXAMINER - APROVED CERTIFICATE.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS. A15

RECEIVED
U 14
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07877

6900 CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits write RURAL LENGTH OF STAY (in this place)
OR TOWN Easton 14 hrs-15min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town)
OR TOWN Ridgely
STREET ADDRESS (If rural give location) St. Gertrude's Academy

3. NAME OF DECEASED: (Type or Print) (First) Mr. George (Middle) (Last) Knussman

4. DATE OF DEATH: (Month) July (Day) 31 (Year) 1954

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: May 11, 1882
9. AGE last birthday 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country) Germany
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME:
14. MOTHER'S MAIDEN NAME.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT & ADDRESS. Joseph Knussman Smyrna Del

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) H C V D DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/30, 1954, to 7/31, 1954, that I last saw the deceased alive on 7/31, 1954, and that death occurred at 5 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
B. Cox M.D. Easton Md

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 8/3/54
NAME OF CEMETERY OR CREMATORY St. Gertrudes
LOCATION (City, town or county) (State) Ridgely Md.

DATE REC'D BY LOCAL REGISTRAR 8/1/54
REGISTRAR'S SIGNATURE N. H. Neerius
24. FUNERAL DIRECTOR R. B. Rawlings
ADDRESS Greensboro, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK Supply every item of information carefully The correct age is especially important. Physicians' please write the causes of death clearly and legibly.

VS. A15

This is all the
information that
'Cruid' he obtained

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 291

1. PLACE OF DEATH — COUNTY: Talbot — CITY OR TOWN: Tuckahoe Neck — STATE: MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Talbot — CITY OR TOWN: Tuckahoe — STREET ADDRESS: [illegible]

3. NAME OF DECEASED (Type or Print) — (First) EMMA — (Middle) L — (Last) LEDNUM

4. DATE OF DEATH — (Month) 1 — (Day) 1 — (Year) 1954

5. SEX: female — 6. COLOR OR RACE: white — 7. CIVIL CONDITION: (Never married) MARRIED WIDOWED DIVORCED (write) — 8. DATE OF BIRTH: 5-28-1891 — 9. AGE: 63 yrs. — If under 1 year: Months — If under 24 hrs: Days / Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook Packer — 10b. KIND OF BUSINESS OR INDUSTRY: FACTORY — 11. BIRTHPLACE (State or foreign country): TILGHMAN MD — 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: [illegible] — 14. MOTHER'S MAIDEN NAME: [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [illegible] If yes, give war or dates of service: — 16. SOCIAL SECURITY NO.: 218-01-9757 — 17. INFORMANT AND ADDRESS: [illegible] Tuckahoe Neck Tilghman Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Malignant tumor of abdomen

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: 4 months

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY: Home, farm, factory, street, office bldg., etc. — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — INJURY OCCURRED While at Work ☐ Not While at Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 4, 1953, to July 1, 1954, that I last saw the deceased alive on July 1, 1954, and that death occurred at 3 P m., from the causes and on the date stated above.

SIGNATURE: Dr. Paul Reed Jr. M.D. (Degree or title) — ADDRESS: Tilghman Md. — DATE SIGNED:

23. BURIAL, CREMATION / REMOVAL (Specify) — DATE THEREOF: 7-3-54 — NAME OF CEMETERY OR CREMATORY: Tilghman Methodist — LOCATION (City, town, or county) (State): Tilghman Md.

DATE REC'D BY LOCAL REG.: July 3, 54 — REGISTRAR'S SIGNATURE: Mrs Mary E. Kelly — 24. FUNERAL DIRECTOR / ADDRESS: [illegible] Tilghman Md.

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUL 7 1954
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06891

6901 CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) 29½ hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Queen Anne
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chester
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) (Last) Miller

4. DATE OF DEATH: (Month) 7 (Day) 4 (Year) 1954

5. SEX: M.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH: May 16, 1953
9. AGE last birthday 1 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country) Penn.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Carl L. Miller
14. MOTHER'S MAIDEN NAME: Norma Bilzer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No —
17. INFORMANT & ADDRESS Carl Miller, Chester, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO Bronchopneumonia bilateral — Interval Between Onset And Death 2-3 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) DUE TO Congenital Malformation of Heart

(c) Hydrocephalus, bilateral club foot } birth

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Harelip - Mentally deficient

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg. etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/3, 1954 to 7/4, 1954 that I last saw the deceased alive on 7/4, 1954, and that death occurred at 10:30 pm, from the causes and on the date stated above.

SIGNATURE John E. Baybutt (Degree or title) M.D. ADDRESS 214 Dover St Easton Md DATE SIGNED 7-5-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 7/6/54 NAME OF CEMETERY OR CREMATORY Globe Mills LOCATION (City, town, or county) Globe Mills (State) Pa

DATE REC'D BY LOCAL REGISTRAR 7/5/54 REGISTRAR'S SIGNATURE N. H. Nevins

24. FUNERAL DIRECTOR Maurice E. Jewreau & Son ADDRESS Easton Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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U. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06892

6918 CERTIFICATE OF DEATH Reg. Dist. No. 991

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1 PLACE OF DEATH
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hearth
LENGTH OF STAY in this place Entire Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2 USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Talbot
CITY If outside corporate limits, write RURAL and give nearest town OR TOWN Hearth
STREET ADDRESS (If rural give location)

3 NAME OF DECEASED (Type or Print) First Blanche Middle W. Last Newman

4 DATE OF DEATH Month July Day 31 Year 1954

5 SEX Female 6 COLOR OR RACE White 7 SINGLE MARRIED WIDOWED DIVORCED Married

8 DATE OF BIRTH Oct. 24, 1882

9 AGE Last Birthday 71 yrs. If under 1 year Months Days If under 24 hrs. Hours Min

10a USUAL OCCUPATION Give kind of work done during most of working life even if retired Housewife

10b KIND OF BUSINESS OR INDUSTRY

11 BIRTHPLACE (State or foreign country) Talbot Co

12 CITIZEN OF WHAT COUNTRY? U.S.

13 FATHER'S NAME John T. Wayman

14 MOTHER'S MAIDEN NAME Nellie Bridges

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16 SOCIAL SECURITY NO

17 INFORMANT & ADDRESS Mrs. Emma Ball Hearth Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) DUE TO: Myocardial Infarction — 30 Min

ANTECEDENT CAUSE (B) DUE TO: cardiac failure - chronic — 3-4 yrs.

DISEASES OR CONDITIONS IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (C) arteriosclerotic cardiovascular —

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A DATE OF OPERATION 0

19B MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☒

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.

21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-9, 1953 to 7-31, 1954 that I last saw the deceased alive on 7-31, 1954, and that death occurred at 6:20 P.M., from the causes and on the date stated above.

SIGNATURE M D ADDRESS St Michaels Md DATE SIGNED 8-2-54

23 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF Aug 2-54 NAME OF CEMETERY OR CREMATORY Hearth Cem LOCATION (City, town, or county) Hearth (State) Md

DATE REC'D BY LOCAL REGISTRAR Aug 2, 1954 REGISTRAR'S SIGNATURE Mrs Robt E Lank

24 FUNERAL DIRECTOR M. E. Newman & Son ADDRESS Easton Md

RECEIVED
AUG 3
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06893

6902 CERTIFICATE OF DEATH Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

1 PLACE OF DEATH: COUNTY Talbot Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) all of his life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 107 Hanson St.

2 USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural give location) 107 Hanson St.

3 NAME OF DECEASED. (Type or Print) (First) Milton (Middle) (Last) Potter

4 DATE OF DEATH. (Month) July (Day) 24 (Year) 1954

5. SEX: Male 6. COLOR OR RACE: Col. 7 SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married 8. DATE OF BIRTH: May 10, 1891 9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) a Cook 10b. KIND OF BUSINESS OR INDUSTRY: 11. BIRTHPLACE (State or foreign country) Easton Md. 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Henry Potter 14. MOTHER'S MAIDEN NAME: Margaret Rich

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) 16. SOCIAL SECURITY No. 17. INFORMANT & ADDRESS. Bertha Robinson Easton, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Hypertensive Arteriosclerotic heart disease

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Cardiac Decompensation

DUE TO (c)

II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20 AUTOPSY? Yes ☐ No ☐

21 ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home farm, factory street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1954, to July, 1954, that I last saw the deceased alive on 24 July 54, and that death occurred at 5 AM, from the causes and on the date stated above.

SIGNATURE (Physician) J. Elwin Fassett, M.D. ADDRESS 227 Pine St-Cambridge, Md. DATE SIGNED 7-27-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 7/27/54 NAME OF CEMETERY OR CREMATORY Richardson Cemetary LOCATION (City, town, or county) Easton (State) Md.

DATE REC'D BY LOCAL REGISTRAR 7/26/54 REGISTRAR'S SIGNATURE N. N. Meredith

24. FUNERAL DIRECTOR Lewis H Baynum ADDRESS

VS. A15

RECEIVED
AUG 3 1914
BUREAU V. S.

6903

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 06891

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton 4
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 601 Dover st.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Easton
STREET ADDRESS (If rural, give location) R.F.D 2

3. NAME OF DECEASED: (Type or Print) (First) Julia (Middle) Emma (Last) Powell

4. DATE OF DEATH (Month) 7 (Day) 3 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH:
9. AGE last birthday 80 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Spencer Taylor
14. MOTHER'S MAIDEN NAME Wilmina Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.) (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Mrs Elsie Griffin Easton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO Nasopharyngeal hemorrhage

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO due to Hypertensive C.V.D.

(c)

INTERVAL BETWEEN ONSET AND DEATH Immed.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,
21c. (City or town, (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Louis Whetty MD M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 7-3-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 7/7/54
NAME OF CEMETERY OR CREMATORY Richards
LOCATION (City, town, or county) Easton (State) Md.

DATE REC'D BY LOCAL REG 7/7/54
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR James B Sorbiell
ADDRESS Easton, Md.

VS. A15A - 5 - 53

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06595

CERTIFICATE OF DEATH

Dr Mason

Reg. Dist No. 290

1 PLACE OF DEATH — C904

COUNTY Talbot — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton

LENGTH OF STAY in this place: 4 days of life.

HOSPITAL OR INSTITUTION OR STREET ADDRESS 322 South Lane

2 USUAL RESIDENCE (HOME) OF DECEASED

STATE Md. COUNTY Talbot

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton

STREET ADDRESS (If rural give location) 322 South Lane

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) E (Last) Critchett

4. DATE OF DEATH: (Month) July (Day) 1 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced

8. DATE OF BIRTH: Aug 16 1866

9. AGE last birthday (IF UNDER 1 YEAR Months / Days / IF UNDER 24 HRS. Hours / Min.): 87 yrs. 10 11

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Cleaning & Pressing

11. BIRTHPLACE (State or foreign country): Easton, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ebb Critchett

14. MOTHER'S MAIDEN NAME: Martha Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): 4

(If Yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Clarence Critchett, Easton, Md.

18. MEDICAL CERTIFICATION

19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hypertension Arteriosclerotic Heart Disease

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b)

DUE TO (c) Nephritis Chronic

Interval Between Onset And Death: 4 years / 3 years.

11 OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21 ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/1, 1954 to 7/1, 1954, that I last saw the deceased alive on 7/1, 1954, and that death occurred at 5-A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Frank E. Mason M.D. ADDRESS 140 Dover St Easton Md DATE SIGNED 7/2/54

23 BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF July 6-54 NAME OF CEMETERY OR CREMATORY St Richards Cemetery LOCATION (City, town or county) Easton Md (State)

DATE REC'D BY LOCAL REGISTRAR REGISTRAR'S SIGNATURE 7/2/54 M.H. Deering

24. FUNERAL DIRECTOR John D. Williams ADDRESS Easton Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 7 19
BUREAU V. S.

Item 18 Film G166A 8-11-54 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06896

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: 6905

COUNTY Talbot MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton 4 | LENGTH OF STAY (in this place) 8 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Ohio COUNTY Lake

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Willoughby 7

STREET ADDRESS (If rural, give location) Waite Hill Road R.F.D. #3

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) E. (Last) Rankin

4. DATE OF DEATH: (Month) July (Day) 13 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH Apr. 25, 1952

9. AGE last birthday: 21 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country) Ohio

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert M Rankin

14. MOTHER'S MAIDEN NAME: Norma E. Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT & ADDRESS Norma E. Rankin Waite Hill Road Willoughby Ohio R.F.D. #3

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO ENCEPHALITIS - Acute infectious type probably viral

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death 31 DAYS

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION: 2

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-29, 1954, to 7-13-, 1954, that I last saw the deceased alive on 7-13-, 1954, and that death occurred at 9 PM, from the causes and on the date stated above.

SIGNATURE Donald F. Bartley (Degree or title) M.D. ADDRESS Easton, Md. DATE SIGNED 7-13-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 7-14-54 NAME OF CEMETERY OR CREMATORY Spring Hill LOCATION (City, town, or county) Easton (State) Md

DATE REC'D BY LOCAL REGISTRAR 7/13/54 REGISTRAR'S SIGNATURE N. H. Nevius

24. FUNERAL DIRECTOR W. Frampton Carroll Jr. ADDRESS EASTON, MD.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

RECEIVED
JUL 29 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06897

CERTIFICATE OF DEATH

Reg. Dist. No. 290

6906

1. PLACE OF DEATH.
COUNTY Talbot MARYLAND
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY in this place 20 hrs 22 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED.
STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton, Md
STREET ADDRESS (If rural give location) Floods Ave.

3. NAME OF DECEASED: (Type or Print) (First) Dorothy (Middle) (Last) Sampson
4. DATE OF DEATH: (Month) July (Day) 3 (Year) 1954
5. SEX: F
6. COLOR OR RACE Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH. December 19, 34
9. AGE last birthday 19 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Marian Sampson
14. MOTHER'S MAIDEN NAME. Boseva Paula
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) Unk. (If Yes give war or dates of service)
16. SOCIAL SECURITY No.: Unknown
17. INFORMANT & ADDRESS. Marian Sampson (father) Easton Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO

Antecedent causes (a) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Infectious Hepatitis

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION.
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/2, 1954, to 7/3, 1954 that I last saw the deceased alive on 7/3, 1954, and that death occurred at 9:12 pm, from the causes and on the date stated above.

SIGNATURE Arthur H. M. D. (Degree or title) ADDRESS Easton Memorial Hosp. DATE SIGNED 13 Jul 54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/6/54
NAME OF CEMETERY OR CREMATORY Richards
LOCATION (City, town or county) Easton Md (State)
DATE REC'D BY LOCAL REGISTRAR 7/4/54
REGISTRAR'S SIGNATURE N. H. Neeres
24. FUNERAL DIRECTOR James B. Daniell
ADDRESS Easton Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS. A16

RECEIVED
JUL 13 1954
BUREAU V. S.

Film G169, 18-24-4, Item 7, et

07884

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

14 6907

Reg. Dist. No. 290

1. PLACE OF DEATH
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (In this place) 3 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED.
STATE Maryland COUNTY Queen Anne
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Grasonville, Md
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) First James (Middle) B. (Last) Seward

4. DATE OF DEATH. (Month) July (Day) 23 (Year) 1954

5. SEX m
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: April 7, 1874
9. AGE last birthday. 80 yrs. If under 1 year: Months Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: gas station oper
10b. KIND OF BUSINESS OR INDUSTRY none
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Seward
14. MOTHER'S MAIDEN NAME. Annie Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs Cecile Mulligan 681 Clarkson Ave. - Brooklyn, NY

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary embolus — Interval Between Onset And Death: 1 hr

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Hypertrophied prostate — 2 years
DUE TO (c) T.V.R. Uremia - Thrombosis — 2 wks

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. arteriosclerosis phlebitis myocardial degeneration

19a. DATE OF OPERATION: Jan 7, 54
19b. MAJOR FINDINGS OF OPERATION: nodular hyperthophy of prostate
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 2, 1954 to July 23, 1954 that I last saw the deceased alive on July 23, 1954, and that death occurred at 8.25 P.M. from the causes and on the date stated above.
SIGNATURE (Degree or title) [signature] ADDRESS Easton Md DATE SIGNED July 24, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF July 26-54
NAME OF CEMETERY OR CREMATORY Spring Hill
LOCATION (City, town, or county) Easton Maryland (State)
DATE REC'D BY LOCAL REGISTRAR 7/24/54
REGISTRAR'S SIGNATURE N. H. Neirer
24. FUNERAL DIRECTOR Baxter Bros Centreville Md
ADDRESS

MARGIN RESERVED FOR BINDING.

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS. A15

AUG 1
V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06898

CERTIFICATE OF DEATH

6908 Reg. Dist. No. 290

1 PLACE OF DEATH
COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
MARYLAND
LENGTH OF STAY (In this place) 16 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Queen Anne's
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Centreville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Bernard (Middle) Daughter (Last)

4. DATE OF DEATH (Month) 7 (Day) 12 (Year) 1954

5. SEX: M

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: July 9 1881

9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Retired

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11 BIRTHPLACE (State or foreign country) Mass and

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Bernard Daughter

14. MOTHER'S MAIDEN NAME: Henriette Callahan

15 WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk) No (If Yes, give war or dates of service)

16 SOCIAL SECURITY No. 218-03-4966

17. INFORMANT & ADDRESS Mrs. Bernard Daughter, Centreville, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO Cirrhosis of Liver

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20 AUTOPSY? Yes ☐ No ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ Specify) PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m. INJURY OCCURRED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/26, 19 54, to 7/12, 19 54, that I last saw the deceased alive on , 19 , and that death occurred at 9 pm, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED 7/13/54

23 BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 7-15-54 NAME OF CEMETERY OR CREMATORY Spring Hill LOCATION (City, town, or county) Easton (State) Md.

DATE REC'D BY LOCAL REGISTRAR 7/13/54 REGISTRAR'S SIGNATURE M. H. Nedrow 24. FUNERAL DIRECTOR Burton Bros. ADDRESS Centreville Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 19 [illegible]
BUREAU V. S.

06899

MARYLAND 6919 STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 291

MARGIN RESERVED FOR BINDING

M

1. PLACE OF DEATH: COUNTY [illegible] MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Claiborne
LENGTH OF STAY (In this place) [illegible]
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE [illegible] COUNTY [illegible]
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Claiborne, Maryland
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): John Emory Smith
4. DATE OF DEATH (Month) (Day) (Year): 7 2 1954

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: [illegible]
9. AGE last birthday: 74 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): [illegible]
10b. KIND OF BUSINESS OR INDUSTRY: Packing
11. BIRTHPLACE (State or foreign country): [illegible]
12. CITIZEN OF WHAT COUNTRY? [illegible]

13. FATHER'S NAME: Ilson Smith
14. MOTHER'S MAIDEN NAME: Florence Drake

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: 216-07-4415
17. INFORMANT AND ADDRESS: Mary Smith, Wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Loss of Compensation — INTERVAL BETWEEN ONSET AND DEATH: 1 week

Antecedent cause(s) (b) Chronic nodular heart disease — 3 yrs

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour, m.)
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 1951, to July 2, 1954, that I last saw the deceased alive on July 28 1954, and that death occurred at 1 A m., from the causes and on the date stated above

SIGNATURE (Degree or title): [illegible] Reeves Sr. Md. ADDRESS: Tilghman DATE SIGNED: [illegible]

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: 7-[illegible]
NAME OF CEMETERY OR CREMATORY: Claiborne
LOCATION (City, town, or county) (State): Claiborne, Md.

DATE REC'D BY LOCAL REG: 7-3-54
REGISTRAR'S SIGNATURE: Mrs Robt R. Seek
24. FUNERAL DIRECTOR: [illegible] ADDRESS

RECEIVED
JUL 7 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06900

CERTIFICATE OF DEATH

6920

Reg. Dist. No. 290

1. PLACE OF DEATH
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural, Hillsboro
LENGTH OF STAY (in this place) 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED.
STATE Maryland COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Hillsboro
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) ANN (Last) SNOW
4. DATE OF DEATH: (Month) JULY (Day) 25 (Year) 1954
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: June 16, 1862
9. AGE last birthday: 92 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS: Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): Delaware
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Levi Voshell
14. MOTHER'S MAIDEN NAME: Fannie Vane
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Henry Snow, Cuentina, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4500

Immediate cause (a) Myocarditis acute — Interval Between Onset And Death: 3 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Arteriosclerosis — 4 yrs

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/5, 1954, to 7-25, 1954, that I last saw the deceased alive on 7-24, 1954 and that death occurred at 2:15 AM, from the causes and on the date stated above.
SIGNATURE Duncan, George M.D. (Degree or title) ADDRESS Denton Md. DATE SIGNED 7/26/54

23. BURIAL, CREMATION, REMOVAL, (Specify) Burial DATE THEREOF July 28, 1954 NAME OF CEMETERY OR CREMATORY Greenmount LOCATION (City, town, or county) Hillsboro, Md. (State)
DATE REC'D BY LOCAL REGISTRAR 7/27/54 REGISTRAR'S SIGNATURE N. A. Neeries
24. FUNERAL DIRECTOR Charles V. Moore, Denton, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS. A15

RECEIVED
JUL 20 1 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06901

C9-1

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH.
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Trappe
LENGTH OF STAY (in this place) all of life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Trappe
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Grace (Middle) Mulliken (Last) Sullivan
4. DATE OF DEATH: (Month) July (Day) 26 (Year) 1954
5. SEX: female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Dec. 9-1886
9. AGE last birthday 67 yrs. IF UNDER 1 YEAR Months 7 Days 17 IF UNDER 24 HRS Hours Min
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country) Trappe, Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Charles F. Mulliken
14. MOTHER'S MAIDEN NAME. Ella B Frampton
15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.) no (If Yes give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS. Ralph M Sullivan, Trappe, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Generalized arteriosclerosis
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO

(c)

Interval Between Onset And Death 2 year.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus. 2 years

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) no
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) no
(CITY OR TOWN) no (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) no m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? no

22. I hereby certify that I attended the deceased from 9-26, 1952, to 7-26, 1954, that I last saw the deceased alive on 7-26, 1954, and that death occurred at 7:40 P.M., from the causes and on the date stated above.
SIGNATURE William L Winters (Degree or title) M.D. ADDRESS 2 3 Dover Easton Md DATE SIGNED 7-27-54

23. BURIAL, CREMATION, REMOVAL, (Specify) Burial
DATE THEREOF July 29, 1954
NAME OF CEMETERY OR CREMATORY Spring Hill Cemetery
LOCATION (City, town, or county) Easton, Maryland (State)
DATE REC'D BY LOCAL REGISTRAR 7/27/54
REGISTRAR'S SIGNATURE N. H. Neeres
24. FUNERAL DIRECTOR John D. Williams ADDRESS Easton, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 3 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06902

CERTIFICATE OF DEATH

C909

Reg. Dist. No. 290

1 PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY in this place: 28 da
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2 USUAL RESIDENCE (HOME) OF DECEASED Caroline
STATE Maryland COUNTY ~~Prince Georges~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ridgely
STREET ADDRESS (If rural give location)

3 NAME OF DECEASED (Type or Print): (First) Anna (Middle) Virginia (Last) Thomas

4 DATE OF DEATH: (Month) 7 (Day) 19 (Year) 1954

5 SEX: F | 6 COLOR OR RACE: Negro | 7 SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed | 8 DATE OF BIRTH: 6-16 1881 | 9 AGE last birthday: 73 yrs. | IF UNDER 1 YEAR: Months Days | IF UNDER 24 HRS.: Hours Min.

10a USUAL OCCUPATION Give kind of work done during most of working life, even if retired) HW | 10b KIND OF BUSINESS OR INDUSTRY: | 11 BIRTHPLACE (State or foreign country) Md | 12 CITIZEN OF WHAT COUNTRY? US

13 FATHER'S NAME George Horney | 14 MOTHER'S MAIDEN NAME: Lizzie Critchett

15 WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk) | If Yes, give war or dates of service) | 16 SOCIAL SECURITY No.: ? | 17 INFORMANT & ADDRESS: Sadie Critchett (sister)

18 MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Ileus and Acute Dilatation of Stomach — 24 hrs.
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Hypertensive cardio vascular disease — 10 yrs.
DUE TO
(c) with failure — 2 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Surgery for umbilical hernia — 2 days

19a DATE OF OPERATION 7/15/54 | 19b MAJOR FINDINGS OF OPERATION Incarcerated omentum. | 20 AUTOPSY? Yes ☐ No ☐

21 ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22 I hereby certify that I attended the deceased from 6-21, 1954, to 7-19, 1954, that I last saw the deceased alive on 7-19, 1954, and that death occurred at 6:45 am, from the causes and on the date stated above.

SIGNATURE (Degree or title) J. T. B. Ambler MD | ADDRESS Easton Md | DATE SIGNED 7/20/54

23 BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 7-22-54 | NAME OF CEMETERY OR CREMATORY Sandtown | LOCATION (City, town or county) Near Hillsboro | (State) Md

DATE REC'D BY LOCAL REGISTRAR 7/20/54 | REGISTRAR'S SIGNATURE N. H. Meeres | 24 FUNERAL DIRECTOR J J Frampton Son | ADDRESS Federalsburg Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS. A15

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UC 23 [illegible]
[illegible] V. 3

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06903

CERTIFICATE OF DEATH

6910

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton 40
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.7.D. X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton 40-X
STREET ADDRESS (If rural give location) R.7.D.

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) (Last) Tilghman

4. DATE OF DEATH: (Month) 7 (Day) 11 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 7/9/54

9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days 2 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James A Goldsborough

14. MOTHER'S MAIDEN NAME: Beatrice Tilghman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT & ADDRESS: Beatrice Tilghman

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

776X

IMMEDIATE CAUSE (A) Prematurity

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. unwanted

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at ..... M, from the causes and on the date stated above.

SIGNATURE Louis Whetty DMD M.D. ADDRESS Easton Md DATE SIGNED 7-17-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Buried DATE THEREOF 7/19/59 NAME OF CEMETERY OR CREMATORY Richardson Cem LOCATION (City, town, or county) (State) Easton Md.

DATE REC'D BY LOCAL REGISTRAR 7/17/54 REGISTRAR'S SIGNATURE M.A. Nevins

24. FUNERAL DIRECTOR James B. Duffield ADDRESS

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 22 1954
BUREAU V. S.

Items 18&21 Film G168 7/20/54 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06904

6911 **CERTIFICATE OF DEATH** Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton 40 | LENGTH OF STAY (in this place) 40 mins
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital 29

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Texas COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 80 X-3
STREET ADDRESS (If rural give location) ✓

3. NAME OF DECEASED: (Type or Print) (First) David (Middle) (Last) Torres
4. DATE OF DEATH: (Month) July (Day) 3 (Year) 1954

5. SEX: male
6. COLOR OR RACE: Black
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Feb 2, 1954
9. AGE last birthday: yrs. | IF UNDER 1 YEAR Months 5 Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Texas
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Margarito Torres
14. MOTHER'S MAIDEN NAME: Sara Esparza

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 (If Yes, give war or dates of service) no
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Sara Torres, mother. Cordova, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

902.0

Immediate cause (a) Aspiration Pneumonia — vomitus — 2-3 hrs

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Head Injury - fall from bed — 3 hrs

DUE TO

(Part II) Malnutrition — 5 mo.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
(CITY OR TOWN) Cordova (COUNTY) Talbot (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) 7-3-54 - m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? Fall from bed.

22. I hereby certify that I attended the deceased from 7/3, 1954, to 7/3, 1954, that I last saw the deceased alive on 7/3, 1954, and that death occurred at 9:10 am, from the causes and on the date stated above.

SIGNATURE John E Baylorth (Degree or title) MD. ADDRESS 244 Dover St Easton Md DATE SIGNED 7-5-54

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF July 3, 54 | NAME OF CEMETERY OR CREMATORY [illegible] | LOCATION (City, town, or county) Cordova (State) Md

DATE REC'D BY LOCAL REGISTRAR 7/3/54 | REGISTRAR'S SIGNATURE N. H. Neerie | 24. FUNERAL DIRECTOR [illegible] ADDRESS Easton

9V2499V99V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 12 1954
BUREAU V. S.